

**ACORD. CERTIFICATE OF INSURANCE**

ISSUE DATE (MM/DD/YY)

**PRODUCER**

Meeker Sharkey & MacBeam  
21 Commerce Drive  
Cranford, NJ 07016

908-272-8100

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND  
CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE  
DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE  
POLICIES BELOW.

**COMPANIES AFFORDING COVERAGE**COMPANY LETTER **A** St. Paul Fire & MarineCOMPANY LETTER **B**COMPANY LETTER **C**COMPANY LETTER **D**COMPANY LETTER **E****INSURED**

Soc.Hill @ University Hts.III  
c/o Eastern Community Mgmt  
225 Highway 35  
Red Bank  
NJ 07701

**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD  
INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS  
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,  
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A-X	GENERAL LIABILITY	BC02900238	1/01/94	1/01/95	GENERAL AGGREGATE \$ 5000000
	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$ 5000000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV. INJURY \$ 3000000
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 3000000
					FIRE DAMAGE (Any one fire) \$ 50000
					MED. EXPENSE (Any one person) \$ 5000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE \$
	HIRED AUTOS				
	NON-OWNED AUTOS				
	GARAGE LIABILITY				
	EXCESS LIABILITY				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS
					EACH ACCIDENT \$
					DISEASE-POLICY LIMIT \$
					DISEASE-EACH EMPLOYEE \$
A	OTHER Blkt Bldg. & Cnts	BC02900238	1/01/94	1/01/95	\$11,475,000.
A	Fidelity	BC02900238	1/01/94	1/01/95	\$100,000.

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

OWNER: KENNETH L. BELVIN, UNMARRIED AND ANDREA J. HARRIS, UNMARRIED  
LOC: 27 MARROW STREET, NEWARK, NJ 07103 (17A) LOT: 17.01 BLOCK: 406

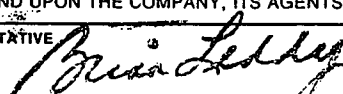
**KHOV031133****CERTIFICATE HOLDER**

K. HOVNIANIAN MORTGAGE, INC.,  
THEIR SUCCESSORS AND/OR ASSIGNS,  
AS THEIR INTEREST MAY APPEAR  
ONE INDUSTRIAL WAY WEST, BLDG. D  
EATONTOWN, NJ 07724

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE  
EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO  
MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE  
LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR  
LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



010036000

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LETTER **A**

St. Paul Fire &amp; Marine

COMPANY  
LETTER **B**COMPANY  
LETTER **C**COMPANY  
LETTER **D**COMPANY  
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<input type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT \$
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	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
<input type="checkbox"/>	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>				STATUTORY LIMITS
					EACH ACCIDENT \$
					DISEASE-POLICY LIMIT \$
					DISEASE-EACH EMPLOYEE \$
<input checked="" type="checkbox"/>	<b>OTHER</b>	BC02900238	1/01/94	1/01/95	\$11,475,000.
	A Bldg. & Cnts				\$100,000.
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KH0V031134